

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

FEDERAL ELECTION COMMISSION

1100 F STREET, N.W.

WASHINGTON, D.C. 20510

1. (a) NAME OF COMMITTEE IN FULL <u>Legislative Action Council (CULAC) of Credit Union Nat'l Assoc.</u>	<input type="checkbox"/> (Check if name is changed) Credit Union	2. DATE <u>MISSOURI</u> <u>2/14/94</u>
(b) Number and Street Address <u>805 Fifteenth Street, NW Suite 300</u>	<input type="checkbox"/> (Check if address is changed)	3. FED IDENTIFICATION NUMBER <u>C000072850</u>
(c) City, State and ZIP Code <u>Washington, DC 20005</u>		4. IS THIS STATEMENT AN AMENDMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

5. TYPE OF COMMITTEE (Check one)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate	Candidate Party Affiliation	Office Sought	State/District
-------------------	-----------------------------	---------------	----------------

- (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
(name of candidate)
- (d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (Democratic, Republican, etc.)
- (e) This committee is a separate segregated fund.
- (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

6. Type of Connected Organization

Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Trade Association Cooperative

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name Mailing Address Title or Position

8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name Mailing Address Title or Position

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc. Mailing Address and ZIP Code

Virginia League Corporate Federal
Credit Union

P.O. Box 11469
Lynchburg, Virginia 24506

I certify that I have submitted this Statement and to the best of my knowledge and belief it is true, correct and complete.

TYPE OR PRINT NAME OF TREASURER <u>ASST. TREASURER</u> <u>John J. McKechnie, III</u>	SIGNATURE OF TREASURER 	DATE <u>2/14/94</u>
--	--	------------------------

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

--	--	--	--

For further information contact:
Federal Election Commission
Toll-Free 800-424-9530
Local 202-376-3120

FEC FORM 1
(revised 4/87)

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

Hand Delivered

DATE OF RECEIPT

2-14-94

First Class Mail

POSTMARKED

Registered/Certified Mail

POSTMARKED

No Postmark

Postmark Illegible

Received from the House Office of Records
and Registration

DATE OF RECEIPT

Received from the Senate Office of Public
Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

JES.

PREPARED

2-15-94

DATE PREPARED